

LIEBERMAN & BRANDSDORFER, LLC*Attorneys at Law*

802 Still Creek Lane
Gaithersburg, Maryland 20878
Tel. (301) 948-7775 Fax. (301) 948-7774
E-mail: info@legalplanner.com
Web Site: http://www.legalplanner.com

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TO: U.S. Patent and Trademark Office

TELEFAX #: (571) 273-8300

ATTENTION: Examiner Vu

DATE: January 3, 2006

TIME: 3:35 p.m.

NUMBER OF PAGES: 13 total page(s) (including this cover)

FROM: Rochelle Lieberman, Esq.

RE: U.S. Patent Application No.: 10/731,454

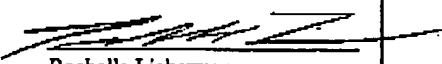
DESCRIPTION: Response to Final Office Action

COMMENT:

Voice Confirmation Required:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Original to Follow by Mail/Courier:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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CERTIFICATION OF TRANSMISSION	
I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, Fax No. (571) 273-8300 on January 3, 2006.	
1/03/2006 Date of Deposit	 Rochelle Lieberman

PATENT
Atty. Docket No.: BEA920000014US2

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:	McKenney	
SERIAL NO.:	10/731,454	Group Art Unit: 2112
FILING DATE:	December 9, 2003	
FOR:	Adaptive Reader- Writer Lock	Examiner: Vu, T.

AMENDMENT TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
Mail Stop: AF

Sir:

Enclosed is an amendment in the above-identified patent application.

- ☐ ___ verified statement(s) claiming small entity status
☐ are also enclosed ☐ was submitted previously.
- ☐ A Petition for Extension of Time is also enclosed.
- ☐ An Associate Power of Attorney is also enclosed.
- ☒ No additional fee is required.
- ☐ An additional fee is required, and is calculated as shown below:

FEE CALCULATION TABLE					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims	30	MINUS 31 =	0	x \$18 =	\$0
Independent Claims	3	MINUS 3 =	0	x \$86 =	\$0
If Amendment adds multiple dependent claims, add \$220.00					
Patent Extension Fee Under 37 C.F.R. §1.136(a) for ___ Months					N/A
Terminal Disclaimer Fee under 37 C.F.R. §1.20(d)					N/A
Total Amendment Fee					
If small entity status is claimed, subtract 50% of Total Amendment Fee					
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					\$0

☐ A Credit Card Payment Form in the amount of \$_____ is enclosed.

☐ Charge \$_____ to Deposit Account No.


Respectfully submitted,

By: 

Rochelle Lieberman
Registration No. 39,276
Attorney for Applicant

Lieberman & Brandsdorfer, LLC
802 Still Creek Lane
Gaithersburg, MD 20878
Phone: (301) 948-7775
Fax: (301) 948-7774
email: rocky@legalplanner.com

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PATENT
Attorney Docket No.: BEA920000014US2

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In re application of:	McKenney
SERIAL NO.:	10/731,454
FILING DATE:	December 9, 2003
FOR:	Adaptive Reader-Writer Lock

Group Art Unit: 2112

Examiner: Vu, T.

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
Mail Stop: AF

Response to Office Action

Dear Sir:

In response to the Final Office Action dated October 31, 2005, Applicant respectfully requests reconsideration of the outstanding rejection(s) of the claims in view of the amendments and remarks that follow.